

Louisiana Medicaid Androgenic Agents

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for androgenic agents.

Additional Point-of-Sale edits may apply.

*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria for Initial and Reauthorization Requests

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- Previous use of a preferred product – the following conditions apply:
 - The recipient has had a *treatment failure* with at least one preferred drug that is appropriate to use for the condition being treated; **OR**
 - The recipient has had an *intolerable side effect* to at least one preferred drug that is appropriate to use for the condition being treated; **OR**
 - The recipient has *documented contraindication(s)* to all of the preferred drugs that are appropriate to use for the condition being treated; **OR**
 - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
 - The recipient is established on the medication with positive clinical outcomes; **AND**
- By submitting the authorization request, the prescriber attests to the following:
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
 - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of initial and reauthorization approval: 6 months

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.;
<https://www.clinicalkey.com/pharmacology/>

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill;
<https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861>

Revision / Date	Implementation Date
Single PDL Implementation	May 2019
Removed clinical authorization requirement / November 2019	November 2019
Formatting changes / April 2021	July 2021